

ATTENDEES:

(P) Geoff Ritchie	(P) Ricco Bhasin	(P) Susan Britton Payne	(P) Jasmine Tehara
(P) Kulvir Singh Gill	(P) Linda Franklin	(P) Mark Beckles	(P) Michael Torrance
(R) Pardeep Singh Gill	(P) David Charron	(P) Stuart Johnston	(P) Dr. Frank Martino
(P) Dr. Brian Klar	(P) Tiziana Rivera	(P) Dr. Victor Rajkotwala	(P) Dr. Ioana Ciric
(P) Brenda Bushey (Resource)			

Florine Lobo

Dr. Rardi van Heest

Kiki Ferrari

Kelly Kimens

1.0 IN-CAMERA SESSION

An in-camera session was held at the beginning of the meeting with Elected Directors and members of the CEO Selection Committee to receive a status update on the recruitment process and to discuss next steps.

2.0 CALL TO ORDER & DECLARATION OF CONFLICT

The meeting was called to order. No declarations of conflict were made.

MOVED, seconded

That the agenda be approved - CARRIED

2.1 CHAIR'S REPORT

A copy of the Ethical Decision Making Framework was included in the package for reference.

The following items were highlighted:

- CEO Search Update:
 - An in-camera session was held prior to the start of this meeting. Stakeholder consultations are scheduled to commence next week. The Board will be engaged in one-on-one discussions with the recruiter and have an opportunity to provide input regarding the required skills, background, characteristics, etc. that they wish to see in a new CEO. The posting will be completed in the next two weeks. The Committee reviewed the process to be undertaken considering internal and external candidates. It was agreed that a full search process will be initiated.
- CADF Update:
 - The Working Group held its final meeting. KPMG was present to provide an overview on the required financials and recommendations. The report recognized that there is a capital funding issue that will ultimately drive decisions. Recommendations will be taken forward to the Resources & Audit Committee in May or June prior to being presented to the full Board. A special meeting of the Resources & Audit Committee will be scheduled to review the findings presented by KPMG.



The final report and recommendations coming forward to Resources & Audit will include: sequencing of projects, timing of funding requirements, financial impacts and mitigation strategies (including revenue opportunities and cost reductions).

- **Special Governance Session:**

- Members were reminded of the upcoming session with Dr. Leblanc and thanked for their commitment of time. A discussion will be scheduled at the next Board meeting to review outcomes and next steps.

3.0 CONSENT AGENDA

One motion is required to approve all items included in the Consent Agenda. Any of the items contained within the Consent Agenda may be placed on the regular agenda for discussion. A summary of the motions are contained within the Consent Agenda.

The following items are included within the Consent Agenda for approval:

- CA 2.1 Board Minutes: March 30 & April 14/22
- CA 2.2 MAC Minutes: April 14/22
- CA 2.3 Governance & HR Minutes: March 15 & April 7/22
- CA 2.4 Health Services & Quality Committee Minutes: April 6/22
- CA 2.5 Resources & Audit Committee Minutes: April 14/22

MOVED, seconded

That the items listed within the Consent Agenda be approved with the revisions as noted – CARRIED.

Q: The MAC minutes include an update on virtual urgent care. This service was relaunched on March 22 and has since provided 100 visits. Are these volumes lower than expected; what is the daily maximum capacity?

A: The virtual urgent care service was reopened with a change in hours of operation. The numbers have been low however, a more aggressive approach has been undertaken to promote the service. The numbers are slowly beginning to increase.

Q: The MAC minutes provide an update on Choosing Wisely. What is the motivation behind reducing routine blood work, and how do you know that the right amount of work is being done?

A: This program was developed in partnership with community health care providers. There are multiple tests that are being conducted that are unnecessary and/or repetitive. Evidence suggests that the repetitive testing needs to be reduced and is not value add; and in some cases, may be causing unnecessary harm. In this case, less is more. Clinical outcomes can be achieved more effectively and with greater benefits to the patient.

4.0 BUSINESS ARISING

4.1a CHAIR'S REPORT: Governance & HR Committee

The Chair's Report was tabled for information. A peer evaluation survey will be distributed. All members are asked to complete and return to Brenda Bushey to assist with the Board renewal process.

The Committee received an update on the recent report from Accreditation Canada regarding Part 1 of the survey. Congratulations to the team for a stellar report! The organization should be very proud of its accomplishments to date. Preparations continue in anticipation of Part 2 which is scheduled for the week of May 9.

A review of the comments provided by Accreditation Canada for Part 1 were summarized as follows:

- A copy of the full report was provided to the Board
- Page 4 includes a chart highlighting the summary of all standards
- Part 1 of the survey included an evaluation of 7 ROPs and 220 standards
- 100% of the ROPs were met; 219 standards met
- All high priority criteria were successfully met.

The full survey will review 3100 standards. In order to receive Exemplary Status, 95% of the high priority areas and standards must be met as well as 100% of the ROPs.

[REDACTED]

The surveyor's comments stated:

[REDACTED]

Clarification was provided to the surveyors on the various ways in which information pertaining to patient incidents are shared with the Board (through Health Services & Quality Committee, critical incident reporting, patient experience surveys, etc.). The surveyors stressed the importance of providing patients and families with education on quality improvements and engaging those individuals in improvement activities. An action plan is being developed to ensure alignment. The Board was advised that these comments will not impact Osler's ability to achieve Exemplary Status.

Additional comments and recommendations included the suggestion of a mentorship program for new Board members and the addition of a patient representative as a member of the Health Services & Quality Committee of the Board. As of last month, a new patient representative has been appointed to the Committee.

Q: Outstanding results! How does this result relate to our peer organizations?

A: Many of the organizations have not experienced what Osler went through, specifically dividing the accreditation into multiple parts. The biggest challenge will be having five surveyors doing processes of care in four different building during all of the other challenges currently facing Osler. This has been a long journey, however staff are prepared.

Q: Once this process is completed, how long before the next survey?

A: A new process is being rolled out in relation to the accreditation survey requirements. Accreditation Canada is moving towards an annual cycle, however, Osler will not be required to move to the new cadence for at least 24 months.

4.1b CHAIR'S REPORT: Health Services & Quality Committee (HSQC)

The Chair's Report was tabled for information.

Three items highlighted:

- Accreditation: staffing challenges have presented a small risk, however all necessary parties have been identified of their requirement to be onsite during the survey if possible.
- Extension of safety plan: the current Safety Plan was created for the 2019-21 period. It has been recommended that the Plan be extended for one year. The extension of the Plan will allow individuals to accomplish set objectives. A new two-year Plan will be formulated thereafter. The Committee was in agreement with the recommendation.
- Enterprise Risk Management: surgical backlog. Updated data was provided to the Committee for discussion. Osler continues to be at the bottom of the list in terms of surgical backlog. As a result of wave 6, some hospitals have stopped their surgical procedures again. Osler is currently operating at 63% of its pre-pandemic activity volumes. Information received today has indicated that the government is promising a considerable amount of funding to be allocated towards surgical recovery. Additional funding will also be made towards resolving the HHR issues. HHR challenges remain the single issue that is preventing Osler from moving forward with surgical recovery. It was noted that this is a provincial and national issue. Osler will continue to work with colleagues at Ontario Health and other hospitals to find solutions.

Q: Targeted funding towards QBP's has been announced for long waiting individuals; are lists not prioritized based on levels of acuity?

A: Osler uses an ethical framework and triage committee to ensure equitable access is provided.

4.1c CHAIR'S REPORT: Resources & Audit Committee

There was no Chair's Report for this Committee as the Board met immediately upon completion of the last meeting.

5.0 NEW BUSINESS

5.1 REPORT OF THE INTERIM PRESIDENT & CHIEF EXECUTIVE OFFICER

A written report was provided for information. The following highlights were provided.

- Osler's recovery and stability is a focal point for the organization; pressure points continue to be ongoing staffing challenges and increased volumes. Osler's recovery will take time; everything possible is being done to return to pre-pandemic volumes as soon as possible. Recruitment of staff and physicians remains an ongoing challenge for Osler. As a result, a Surgical Command Table has been created to help support the surgical team with their recovery and staffing challenges.
- On April 3, the Ontario Government announced a \$21 million dollar investment to continue planning the transformation of Peel Memorial into Brampton's new hospital and to support cancer care services at Brampton Civic Hospital. Brampton City Council ratified a motion committing the City of Brampton to an increased financial contribution to hospital redevelopment up to a total of \$125 million.
- Osler was nationally recognized with the Canadian College of Health Leaders' 2022 *Excellence in Patient Safety Award*. This prestigious award recognizes the important steps taken by Osler in 2019 to further improve how Osler reports, responds and learns from patient safety incidents.
- Osler is working on a number of essential pathways to becoming an Academic Health Centre, including a Collaboration Committee between Toronto Metropolitan University and Osler, an Osler Academic Health Centre Committee, as well as a Request for Qualifications for a third party consultant to support the planning.
- The Board was reminded of the next public telephone town hall which is scheduled on May 3 from 7-8:00 PM. Linda Franklin will serve as this event's special guest.
- The Foundation was thanked for hosting its recent Holy Gala which was extremely successful raising \$847,000.00 for Osler.

5.2 REPORT OF THE INTERIM CHIEF OF STAFF

A written report was provided for information. The following highlights were provided.

- 45 policies, procedures and medical directives were approved at the last MAC meeting; the new module PolicyStat, allows information to be kept up to date in a timely manner.
- A new patient representative has been appointed to the MAC.
- Appointments for the 2022 period have now been completed; Chiefs will review all files prior to bringing them forward to the MAC and Board for final approval.
- The Medical leaders were thanked for their leadership and professionalism while preparing for the upcoming Accreditation survey. Drs. Karen Dang and Michael Miletin were thanked for their efforts specifically in helping to prepare physicians for the survey.
- A discussion took place at the last credentials meeting regarding the need to redefine "honourary status". The definition has now been revised and will be presented for approval. The honorary status designation is to honour someone who has retired and has made extraordinary contributions to the organization.
- A new professional agreement has been reached with the Ministry. HOCC funding will now be provided for on-call work.

Q: *What is Hospital On-Call?*

A: Hospital on-call relates to physicians who provide service overnight and are provided funds for being on-call.

6.0 ADJOURNMENT

MOVED, Seconded

That the meeting be adjourned – CARRIED